



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
STATE
SECRETARY OF
CORPORATIONS DIV
2019 JAN 24 PM 1:04

1. Entity ID Number 000150569		2. Exact name of the Corporation GNOSYS SYSTEMS, INC.												
3. Principal Office Address 198 Broadway		City Providence		State RI	Zip 02903									
4. NAICS Code 541720		6. Brief description of the character of business conducted in Rhode Island Software Research and Development												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Dimitri Panagou			Vice-President Name n/a											
Street Address 198 Broadway			Street Address											
City Providence,	State RI	Zip 02903	City	State	Zip									
Secretary Name n/a			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name n/a			Director Name n/a											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>STK</td> <td>\$0.0100</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	STK	\$0.0100			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	STK	\$0.0100												
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.														
Name of Authorized Representative Dimitri Panagou					Date 1/19/2019									
Signature of Authorized Representative														

SIGN DOCUMENT HERE

FILED

MAIL TO:
Division of Business Services
148 W. River Street Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 24 2019

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BY **MFNE**